

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PRIVACY COMMITMENT FROM SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES TO YOU

We at South Carolina Department of Health and Human Services understand that information about you and your family is personal. We are committed to protecting your health information. This notice tells you how we use and disclose information about you. It also tells you your rights and our requirements about the use and disclosure of your health information

UNDERSTANDING THE TYPE OF INFORMATION THAT WE HAVE

To determine if you are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP), we need your personal identifying information. This information includes but is not limited to your name, address, date of birth, phone number, social security number, Medicare number (if applicable), and health insurance policy information. It may also include information about your health condition. When your health care providers send claims to us for payment, the claims include your diagnoses and the medical treatments and supplies you have received. For certain medical treatments, your health care providers may send additional medical information such as doctor's statements, x-rays, or lab test results.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the health information that we have about you:

Right to Inspect and Copy: You have the right to request to see and obtain a copy of your health information. Your request must be in writing. In limited situations, we may deny your request. If your request is denied, you may request a review of the denial. To see or obtain a copy of your information, send a written request to: Office of General Counsel, South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, send a written request to: SCDHHS HIPAA Privacy Official, South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206. We may deny your request if you ask to amend information that:

- Was not created by our agency, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for us
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures that we have made concerning your health information in the six years prior to the date of your request, and not before April 2003. We do not have to account for disclosures that you authorized or that were made for treatment, payment or our operations. In addition, we do not have to account for disclosures made for national security purposes, to law enforcement officials, or to correctional institutions, pursuant to 45 CFR 164.528(a)(1). To request an accounting of disclosures, write to: Office of General Counsel, South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206.

Right to Request Restrictions: You have the right to request that we restrict the use or disclosure of your health information. We may accommodate your request but are not legally required to agree to the requested restriction. To request a restriction, send a written request to: SCDHHS HIPAA Privacy Official, South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206.

Right to Request Different Way to Communicate with You: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will grant reasonable requests if possible. To request that SCDHHS communicate with you by alternate means or at alternative locations, send a written request to: SCDHHS HIPAA Privacy Official, South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206.

Right to File a Complaint About Our Privacy Practices: If you believe that we have disclosed information about you that we should not have disclosed, you may file a written complaint with our Office for Civil Rights, SCDHHS, P.O. Box 8206, Columbia, SC 29202-8206 (Phone: 803-898-2605). You may also file a complaint with the United States Office for Civil Rights by writing to: Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street S.W., Atlanta, Georgia 30303-8909 (FAX 404-562-7881), or by calling 404-562-7886. There will be no retaliation against you for filing a complaint.

DEPARTMENT OF HEALTH AND HUMAN SERVICES' REQUIREMENTS

We are required by law to:

- Maintain the privacy of your health information
- Not use or disclose your health information without your written authorization, except as described in this notice. You may give written notice to us to revoke an authorization, except where we have taken action in reliance on your authorization.
- Give you this notice of our legal duties and privacy practices with respect to the health information we collect and maintain about you
- Follow the terms of this notice

We reserve the right to change the terms of our notice and to make the new notice provisions effective for all protected health information we maintain. In the event we should make material changes to our privacy policies, we will mail a revised notice to you. We will also post the revised notice on our Web site: www.scdhhs.gov.

HOW WE USE AND DISCLOSE HEALTH CARE INFORMATION

We provide some services through contracts with other agencies and private companies. Examples include Health Maintenance or Managed Care Organizations who may manage your health care services. When services are contracted, we may disclose some or all of your health information to the other agency or company so that they can perform the job we have asked them to do. To protect your health information, we require the other agency or company to safeguard your information in accordance with the law.

The following categories describe different ways that we use and disclose your health information. For each category, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed; however, all the ways we are permitted to use and disclose your health information will fall within one of the categories.

For Payment: We may use and disclose your health information so that we can pay for the health treatment and services that you received. When you receive a covered service, your health care provider sends a claim to us for payment. The claim includes information that identifies you, as well as your diagnoses and treatments. If you have other medical insurance, our agency's staff or our fiscal agent may send your claim to the other insurance company for payment.

For Medical Treatment: We may use or disclose your health information to determine if your treatment is medically necessary and if we can pay for the treatment. We contract with doctors and other health care professionals to review your health information and make these decisions. We also provide information about all the medications that you are taking to your pharmacist so he or she can ensure that you are receiving the proper type and dosage and that your medications will not interact with each other.

To Operate the Medicaid Program: We may use or disclose your health information to operate our program, and if necessary, in administrative or legal proceedings. These uses and disclosures are necessary to run our program and ensure that you receive quality care and that your health care providers are promptly paid. We contract with a quality assurance company that reviews hospitals' and other facilities' medical records to check on the quality of care that you received and the outcome of your care.

To Other Government Agencies Providing Benefits or Services: We may disclose your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits or services.

For Workers' Compensation: We may release your health information to Workers' Compensation or other programs that provide benefits for work-related injuries or illness.

To Keep You Informed: We may mail the following types of information to you:

- Appointment reminders for your children's Child Health Checkups
- Information about managing a particular disease
- Information about your managed care choices

For Public Health: We may disclose your health information for public health activities, such as to:

- The Department of Health and Environmental Control and other public health agencies that work on preventing and controlling diseases, injuries or disabilities or that keep vital statistics such as births and deaths
- The Department of Social Services and other agencies that are authorized by law to receive reports on abuse, neglect or domestic violence
- The Food and Drug Administration (FDA) to report reactions to medications or problems with products

For Overseeing Health Care Providers: We may disclose your health information to other divisions or agencies for oversight activities required by law. Examples of these oversight activities include audits, inspections, investigations, and licensure.

For Research: We may disclose information for a research project that has been approved by the Department's privacy board that has reviewed the research project and its rules to ensure the privacy of the health information.

For Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court order.

For Law Enforcement: We may release your health information to a law enforcement official:

- Pursuant to legal process and as otherwise required by law;
- In limited fashion for purposes of identification and location;
- In response to requests for information about an individual suspected to be a victim of a crime;
- About an individual who has died if there is suspicion that the death resulted from criminal conduct; or
- To report a crime on the premises of SCDHHS

In the Course of Judicial and Administrative Proceedings: We may disclose health information in the course of any judicial or administrative proceeding.

To Coroners, Medical Examiners, and Funeral Directors: We may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to a funeral director as is necessary to carry out his or her duties authorized by law.

For Organ Donations: If you are an organ donor, we may release your health information to an organization that procures, banks, or transports organs for the purpose of an organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety: We may use or disclose your health information if it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone who is able to help prevent or lessen the threat.

To Report Abuse, Neglect, or Domestic Violence: We may disclose your health information to a government authority authorized to receive reports of such abuse, neglect, or domestic violence.

For National Security and Protection for the President: We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

To a Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your health information to the correctional institution or law enforcement officer. The information must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

To the Military: If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

As Required by Law: We will disclose your health information when required by law.

If you are capable of making health care decisions and the situation is not an emergency, we will give you the opportunity to object before we disclose your information in the following types of situations:

- To a family member, other relative, friend, or other person whom you have identified as being involved in your care or payment for care
- To an agency authorized by law to assist in disaster relief efforts

FOR MORE INFORMATION

If you have questions, would like more information about this notice, or would like to request a paper copy of this notice, you may call the SCDHHS Beneficiary Services Call Center toll-free number: 888-549-0820. If you think we have disclosed information about you that we should not have disclosed, you may call our Office for Civil Rights: 803-898-2605.